

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

2010

OMB No 1545-0047

**Current Year** 

Open to Public Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011 D Employer identification number B Check if applicable BARD COLLÉGE 14-1713034 Address change Doing Business As Name change E Telephone number ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (845) 758-7511 30 CAMPUS ROAD Terminated **G** Gross receipts \$ 354,003,951 City or town, state or country, and ZIP + 4 ANNANDALEONHUDSON, NY 125045000 . Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes No KEVIN PARKER 30 CAMPUS ROAD H(b) Are all affiliates included? ANNANDALEONHUDSON, NY 125045000 If "No," attach a list (see instructions) H(c) Group exemption number ▶ ☐ 4947(a)(1) or ☐ 527 **▽** 501(c)(3) **▽** Tax-exempt status 501(c) ( ) ◀ (insert no ) Website: ► WWW BARD EDU L Year of formation 1860 **M** State of legal domicile NY Summary Briefly describe the organization's mission or most significant activities BARD COLLEGE SEEKS TO PROVIDE A CHALLENGING ACADEMIC PROGRAM AND A SUPPORTIVE ENVIRONMENT THAT FOSTERS A COLLABORATIVE INTERCHANGE OF IDEAS IN THE CLASSROOM AS WELL AS AMBITION TO ACHIEVE Activities & Governance **EXCELLENCE** Check this box 📭 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI. line 1a) . . . 30 4 29 4 Number of independent voting members of the governing body (Part VI, line 1b) . 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . 3,563 Total number of volunteers (estimate if necessary) . . . . 6 184 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . 0 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b

	8	Contributions and grants (Part VIII, line 1h)	56,375,425	129,262,257
Revenue	9	Program service revenue (Part VIII, line 2g)	120,736,437	125,898,279
ē	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,561,134	20,153,552
ď.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,960,164	2,801,832
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	181,633,160	278,115,920
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	40,049,888	44,092,055
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
83	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$ )	79,424,256	87,797,316
8	16a	Professional fundraising fees (Part IX, column (A), line 11e)	304,001	39,000
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶2,922,861		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	67,367,533	69,990,670
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	187,145,678	201,919,041
	19	Revenue less expenses Subtract line 18 from line 12	-5,512,518	76,196,879
Net Assets or Fund Balances			Beginning of Current Year	End of Year
356	20	Total assets (Part X, line 16)	560,540,170	615,412,886
A B	21	Total liabilities (Part X, line 26)	206,083,110	205,352,124
žΞ	22	Net assets or fund balances Subtract line 21 from line 20	354.457.060	410.060.762

Part III Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer  KEVIN PARKER CONTROLLER Type or print name and title			2012-03-26 Date					
Paid	Print/Type preparer's name CORNELIUS SPITZER Firm's name LAMBRIDES ARNOLD MOULTHR	Preparer's signature  CORNELIUS SPITZER  OP LLP	Date 2012-03-26	Check if self- employed	PTIN Firm's EIN				
Use Only	Firm's address 26 PARK ST STE 301  MONTCLAIR, NJ 070423443				Phone no  (973) 744- 8660				
Print/Type preparer's name CORNELIUS SPITZER Preparer's signature Prim's name LAMBRIDES ARNOLD MOULTHROP LLP  Preparer Use Only  Print/Type preparer's name CORNELIUS SPITZER CORNELIUS SPITZER CORNELIUS SPITZER  Preparer Firm's address 26 PARK ST STE 301  Proparer  Preparer's signature CORNELIUS SPITZER CORNELIUS SPITZER Preparer's signature Prim's name PlandBridge ARNOLD MOULTHROP LLP  Firm's address 26 PARK ST STE 301									

**Prior Year** 

Par	HII	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Brief	y describe the organization's mission
		EGE SEEKS TO PROVIDE A CHALLENGING ACADEMIC PROGRAM AND A SUPPORTIVE ENVIRONMENT THAT FOSTERS A ATIVE INTERCHANGE OF IDEAS IN THE CLASSROOM AS WELL AS AMBITION TO ACHIEVE EXCELLENCE
	Did H	e organization undertake any significant program services during the year which were not listed on
2	the p	ior Form 990 or 990-EZ?
3		e organization cease conducting, or make significant changes in how it conducts, any program
	servi	es?
4		ibe the exempt purpose achievements for each of the organization's three largest program services by expenses
•	Secti	on 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and tions to others, the total expenses, and revenue, if any, for each program service reported
4a	(Cod	) (Expenses \$ 178,599,760 including grants of \$ 46,717,885 ) (Revenue \$ 128,729,336 )
	FIELL BODY INCLI PROCO OPPO HAS I ASSU ALTH BETW A STI DEDI IMPO THE I MULT HISTI SEVE COLL GALLI OFFE PROCO PROC	COLLEGE IS AN INDEPENDENT, COMPREHENSIVE LIBERAL ARTS COLLEGE LOCATED ON A PARK-LIKE CAMPUS THAT COVERS MORE THAN 500 ACRES OF SAND FORESTED LAND BORDERING THE HUDSON RIVER BARD HAS DEVELOPED A NEW VISION AND MODEL OF THE LIBERAL ARTS COLLEGE, AS A CENTRAL SURROUNDED BY SIGNFICANT INSTITUTES AND PROGRAMS - "SATELLITES" - THAT STRENGTHEN ITS CURRICULUM WHILE IT IS FLEXIBLE ENOUGH TO DE PROGRAMS FOR RESEARCH, GRADUATE STUDY, COMMUNITY OUTREACH, AND OTHER CULTURAL AND EDUCATIONAL ACTIVITIES, THE UNDERGRADUATE RAM REMAINS IT FOCUS EACH SATELLITE PROGRAM IS DESIGNED TO ENHANCE THE UNDERGADUATE COURSE OF STUDY BY OFFERING STUDENTS RTUNITIES FOR INTERACTION WITH LEADING ARTISTS AND SCHOLARS CONTINUED ON SCHEDULE O IN ADDITION TO THE UNDERGRADUATE COLLEGE, BARD NDERTAKEN A NUMBER OF IMPORTANT EDUCATIONAL INITIATIVES THAT INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING DURING 1979, BARD MED CONTROL AND OWNERSHIP OF SIMON'S ROCK EARLY COLLEGE (NOW CALLED BARD COLLEGE AT SIMON'S ROCK) IN GREAT BARRINGTON, MA DUGH BARD AND SIMON'S ROCK REMAIN DISTINCT AND CARRY ON SEPARATE ACADEMIC PROGRAMS AT THEIR RESPECTIVE CAMPUSES, THE RELATIONSHIP EEN THE TWO INSTITUTIONS GIVES BARD AN EXCEPTIONAL OPPORTUNITY TO APPLY ITS EXPERIENCE AS A LIBERAL ARTS COLLEGE OF THE DEVELOPMENT OF ONG CURRICULUM FOR YOUNGER STUDENTS. IM MARCH 1986, BARD ESTABLISHED THE LEVY ECONOMICS INSTITUTE OF BARD COLLEGE, WHICH IS CATED TO IMPROVING THE HUMAN CONDITION THROUGH THE STUDY OF ECONOMICS AND THE GENERATION OF EFFECTIVE PUBLIC POLICY RESPONSES TO ATTAIN TROBLEMS WORLDWING 1992, BARD ENTERED INTO AN OPERATING AGREEMENT WITH THE IRIS FOUNDATION TO ESTABLISH AND MAINTAIN ARD GRADUATE CENTER FOR STUDIES OF THE DECORATIVE ARTS, DESIGN, AND CULTURE (BGC). SINCE 1993, THE BGC HAS PRESENTED A UNIQUE, DISCIPLINARY, AND BROADLY INTERNATIONAL APPROACH TO THE STUDY OF THE DECORATIVE ARTS, DESIGN, AND CULTURE IT SPONSORS AND ALLIVARY AND PRESENTED AUDICADE OF THE DECORATIVE ARTS PROFESSIONALS AND CUTTURE IN SPONSORS AND ADDITIONS ANNUALLY AND PRESENTS DIVERSE PUBLIC
4b	(Cod	) (Expenses \$ including grants of \$ ) (Revenue \$ )
	(Cod	\/Fyrances t
4c	(Cod	) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Oth	r program services (Describe in Schedule O )
	(Exp	enses \$ including grants of \$ ) (Revenue \$ )
4e	Tota	program service expenses \$\\$ 178.599.760

Part TV	Checklist	of Rec	mired	Schedule	- C
	CIICCRIISE	01 1100	ıuııcu	Schodar	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🖘	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νο
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	_
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes V No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2010)

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
_	1a 3,538			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ RS			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
_	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
12	year	-		
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			
a	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
-	In which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
_		1		

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
c	to conflicts?	12b	Yes	
	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	Let the Chates with which a compactible form 000 to recovered to be filed MA NV			
17	List the States with which a copy of this Form 990 is required to be filed MA, NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
10	Describe in Schedule O whether (and itso, how), the organization makes its governing documents, conflict of			

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨

BARD COLLEGE 30 CAMPUS ROAD

PO BOX 500

ANNANDALE ON HUDSON, NY 125045000

(845) 758-7511

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organ		elated o	rgan	ızatı	on c	omper	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See Additional Data Table										
-										
			<u> </u>							

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Title	(B) A verage hours per		(tion that a			II		( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related		(F) Estima imount o compens	ited fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officel	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from t rganızatı relatı organıza	he on and ed
See A	Addıtıonal Data Table												
1b	Sub-Total			<del></del>	٠.	٠.	٠	<b> </b>					
С	Total from continuation sheets	to Part VII, See	ction A			•	Þ						
d	Total (add lines 1b and 1c) .							Þ	2,256,316			;	527,839
2	Total number of individuals (inc \$100,000 in reportable comper					ted	above	) who	received more tha	n			
										-		Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sc					eye •	mploy •	ee, o	r highest compensa	ated employee	3		No
4	For any individual listed on line organization and related organiz										4	Yes	
5	Did any person listed on line 1a services rendered to the organi									r individual for	5		No
Se	ection B. Independent Cor	itractors											
1	Complete this table for your five		nsated	ındep	ende	ent d	ontra	tors	that received more	than			

\$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
SKADDEN ARPS SLATE MEAGHER & FLOM FOUR TIMES SQUARE NEW YORK, NY 10036	LEGAL	306,973
B&B ELECTRIC 1 W MARKET ST 308 RED HOOK, NY 12571	ELECTRICAL	300,510
KPMG LLP 515 BROADWAY ALBANY, NY 122072974	AUDITING SERV	122,000
CANTELE TENT RENTALS 37 BENDER BLVD GHENT, NY 12075	EQUIPMNT RENTAL	109,299
FLOODS SANITATION 200 BEILKE ROAD MILLERTON, NY 125464946	SANITATION	109,070
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ▶6	who received more than	

Part \	/III	Statement of Reven	ue					_
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
								513, or
- W 10	1=	Federated campaigns	1a					514
ŧ								
ಕ್ಷ		Membership dues						
ت <del>إ</del> لا	С	Fundraising events	1c	323,443				
_ਜੁਲੂ	d	Related organizations	. 1d					
Sign Sign	е	Government grants (contributions)	<b>1e</b>	3,230,886				
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants similar amounts not included above		125,707,928		j		İ
語言	а	Noncash contributions included in I		7,375,201				
<u> </u>		Total. Add lines 1a-1f			129,262,257			
		Total. Add lines 1a-11			123,202,237			
E E	2-			Business Code				
ia,	2a	TUITION & FEES		611310	102,771,793	102,771,793		
or GE	b	ROOM CHARGES		611710	10,789,646	10,789,646		
Š	c	BOARD CHARGES		611710		10,371,687		
¥	d			611710	1,401,943			
Program Service Revenue		ATHLETIC CENTER CHARGES  All other program service re	venue	611710	563,210	563,210		
Ş								
		<b>Total.</b> Add lines 2a-2f .			125,898,279			
	3	Investment income (includir	•		11,334,119			
		and other similar amounts)			11,334,119			11,334,119
	4	Income from investment of tax-ex	kempt bond proceeds					
	5	Royalties	<u> </u>					
	_		(ı) Real	(II) Personal				
		Gross Rents Less rental						
		expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	84,574,537					
		assets other than inventory						
	b	Less cost or other basis and	75,755,104					
		sales expenses						
		Gain or (loss)	8,819,433		8,819,433			8,819,433
		Net gain or (loss)			0,019,433	1		0,019,433
пe	oa	Gross income from fundraisi (not including	ng events					
듄		\$\$						
ě		of contributions reported on See Part IV, line 18						
Ψ			а	103,702				
Other Revenue	b	Less direct expenses .	b	132,927				
_		Net income or (loss) from fu			-29,225			-29,225
			activities See Part IV, line 19 . a					
		Less direct expenses .		ь				
		Net income or (loss) from ga Gross sales of inventory, les returns and allowances						
			а					
	b	Less cost of goods sold .	. b					
	С	Net income or (loss) from sa	ales of inventory 🕨					
		Miscellaneous Revenue		Business Code				
	11a	OTHER REVENUE		900099	2,139,944			
	Ь	TICKET SALES FOR		900099	691,113	691,113		
	c	PERFORMANCES						
		All other revenue						
		Total. Add lines 11a-11d						
		- IJtui Auu illies 11d-110			2,831,057			
	12	Total revenue. See Instructi	ions	ļ	370 445 000			
					278,115,920	128,729,336		20,124,327

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Α	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c			D).	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	300,000	300,000		· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	43,421,279	43,421,279		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	370,776	370,776		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,539,140	674,936	694,296	169,908
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	61,194,369	52,171,716	7,781,454	1,241,199
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,867,696	3,768,153	990,419	109,124
9	Other employee benefits	15,270,029	11,848,797	3,078,260	342,972
10	Payroll taxes	4,926,082	4,135,605	680,261	110,216
а	Fees for services (non-employees) Management				
b	Legal	650,627	48,128	602,499	
c	Accounting	172,966		172,966	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	39,000			39,000
f	Investment management fees	89,580		89,580	
g	Other	12,072,212	11,002,661	949,514	120,037
12	Advertising and promotion	867,038	828,036	38,789	213
13	Office expenses	3,266,548	2,202,532	805,697	258,319
14	Information technology	255,175	191,952	62,535	688
15	Royalties	17,024	17,024		
16	Occupancy	10,267,924	9,304,502	905,221	58,201
17	Travel	3,381,091	2,936,034	374,658	70,399
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	85,096	85,046		50
20	Interest	7,252,001	6,763,545	488,456	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,519,411	9,084,374	435,037	
23	Insurance	623,337	191,263	432,074	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PRO GRAM SUPPLIES	11,256,444	10,363,438	864,441	28,565
b	FOOD SERVICE	6,123,827	6,020,012	38,272	65,543
С	EQUIPMENT REPAIR & MAINT	1,992,667	1,448,137	526,836	17,694
d	MEMBERSHIPS	443,360	151,841	41,939	249,580
e	PREPAID AMORTIZATION	429,043	429,043		
f	All other expenses	1,225,299	840,930	343,216	41,153
25	Total functional expenses. Add lines 1 through 24f	201,919,041	178,599,760	20,396,420	2,922,861
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				m <b>990</b> (2010)

Pa	rt X	Balance Sheet					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			459,250	1	285,743
	2	Savings and temporary cash investments		2	946,676		
	3	Pledges and grants receivable, net			47,293,782	3	122,558,912
	4	Accounts receivable, net		3,731,514	4	4,419,956	
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of					
		Schedule L		5			
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ , and contributing e sponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)					
şts		Schedule L		6			
Assets	7	Notes and loans receivable, net		3,339,164	7	3,159,404	
Ą	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges			3,522,155	9	2,585,267
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	371,766,640			
	ь	Less accumulated depreciation	10Ь	110,221,779	267,408,757	10c	261,544,861
	11	Investments—publicly traded securities	58,115,785	11	57,270,172		
	12	Investments—other securities See Part IV, line 11	17,443,046	12	13,269,592		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			159,226,717	15	149,372,303
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			560,540,170	16	615,412,886
	17	Accounts payable and accrued expenses .			7,892,224	17	7,968,940
	18	Grants payable		18	_		
	19	Deferred revenue	22,955,048	19	25,590,686		
	20	Tax-exempt bond liabilities	140,800,000	20	139,335,000		
Se	21	Escrow or custodial account liability Complete Part IV of Schedu		21			
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	5.		16,584,027	23	15,395,080
	24	Unsecured notes and loans payable to unrelated third parties			16,200,000	24	15,400,000
	25	Other liabilities Complete Part X of Schedule D			1,651,811	25	1,662,418
	26	Total liabilities. Add lines 17 through 25			206,083,110	26	205,352,124
		Organizations that follow SFAS 117, check here ▶ 🗸 and com	plete l	ines 27			
Ð		through 29, and lines 33 and 34.					
an	27	Unrestricted net assets			84,141,803	27	84,765,197
Fund Balances	28	Temporarily restricted net assets	169,588,520	28	220,807,826		
됟	29	Permanently restricted net assets	100,726,737	29	104,487,739		
Ē		Organizations that do not follow SFAS 117, check here ▶ ┌ a	nd con	nplete			
5		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other f	unds			32	
Net	33	Total net assets or fund balances			354,457,060	33	410,060,762
_	34	Total liabilities and net assets/fund balances			560,540,170	34	615,412,886

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		278,1	.15,920
2	Total expenses (must equal Part IX, column (A), line 25)	2	,		
3	Revenue less expenses Subtract line 2 from line 1	3		76,1	.96,879
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		354,4	157,060
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-20,5	593,177
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		410,0	060,762
Pai	Tt XII Financial Statements and Reporting  Check If Schedule O contains a response to any question in this Part XII		•		No
1	Accounting method used to prepare the Form 990			165	140
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νο
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

OMB No 1545-0047

**SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

Name	ΟŤ	the	org	anı	zat	lor
BARD C	OLI	_EGE				

**Employer identification number** 

								14-1713	034			
art I	Reaso	n for Pu	blic Charity Stat	t <b>us</b> (All or	rganızatıor	ns must com	plete this	part.) See II	nstructi	ons		
organiz	zation is r	ot a privat	te foundation becaus	e it is (For	lines 1 thro	ough 11, chec	k only one	box)				
Γ	A church	n, conventi	on of churches, or as	sociation o	of churches	described in	section 170	(b)(1)(A)(i).				
굣	A schoo	l described	d in <b>section 170(b)(1</b>	)( <b>A</b> )(ii). (A	ttach Sche	dule E )						
Γ	A hospit	al or a coo	perative hospital ser	vice organi	ızatıon desc	rıbed ın <b>secti</b>	on 170(b)(	L)(A)(iii).				
Γ			h organization operat ity, and state	ed ın conju	nction with	a hospital des	scribed in <b>s</b> e	ection 170(b)(	(1)(A)(ii	ii). Entei	r the	
Γ			erated for the benefit		je or univers	sity owned or	operated by	a governmen	tal unit d	describe	d ın	
_			(A)(iv). (Complete Pa	-				(4)(4)(				
<u> </u>			local government or	-					,			
1	describe	d ın	at normally receives (A)(vi) (Complete Pa		iai part of it	s support fror	n a governn	iental unit or i	rom the	generai	public	:
$\vdash$	A comm	unity trust	described in section	170(b)(1)	(A)(vi) (C	omplete Part 1	Π)					
	An organ	nization tha	at normally receives	(1) more t	han 331/3%	of its suppoi	rt from cont	rıbutıons, men	nbership	fees, ar	nd gro	SS
	_		ities related to its ex								_	
	-		oss investment incor	-	_			7 7				
		_	ganızatıon after June				•		-			
$\sqcap$	An organ	nization or	ganızed and operated	exclusivel	ly to test fo	r public safety	/ See <b>sectio</b>	n 509(a)(4).				
Γ	By check other that section! If the ore check the Since Aufollowing	that descri Type I king this b an foundati 509(a)(2) ganization is box igust 17, 2 persons?	ly supported organizations the type of supported by Type II ox, I certify that the constant of	orting orgal  c organizatio her than one etermination zation acce	nization and Type I n is not core or more pi n from the I	d complete lin II - Functiona itrolled direct ublicly suppor RS that it is a	es 11e thro ally integrat ly or indirec ted organiz i Type I, Ty	ugh 11h ed tly by one or r ations describ pe II or Type y of the	d Tamore disc ed in sec	Type III qualıfıed ctıon 50	- Otl pers 9(a)(	her ons 1) or
	and (III)	below, the	governing body of the	e the suppo	orted organı	zation?			ſ	11g(i)		
	(ii) a fan	nily membe	er of a person describ	oed in (i) ab	ove?					11g(ii)		
	(iii) a 35	iii) a 35% controlled entity of a person described in (i) or (ii) above?								11g(iii)		
	Provide	the followii	ng information about	the support	ted organiza	ation(s)						
(i) Name of supported organization		ted EIN lines 1- 9 above your governing tion or IRC section document?		(v) Did you notify the organization in col (i) of your support?		(vi)  Is the  organization ir  col (i) organize  in the US?			(vii) A mount o support			
			(see instructions))	Yes	No	Yes	No	Yes	No			
			,		1				1			
									1			
									1			
									1			
					+		1		1			

# Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	dider rate III. If the	organización i	ans to quanty t	maci the tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV )						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>	_	r		•	. , . , -	<b>▶</b> ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (	f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							<del> </del>
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, chec	
	and <b>stop here.</b> The organization qua	•				2.2.4.204	<b>▶</b> [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor	. <del>-</del>
17-	box and <b>stop here.</b> The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
<b>L</b>	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493086007262

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

Interna	l Revenue Service	► Attach to Fo	orm 990. F See separate instructions.			Inspec	tion
	me of the organi	ization		Employer identification number			
				14-:	1713034		
Pa			dvised Funds or Other Similar	Funds	or Accounts	<b>.</b> Comple	te if the
	organiz	zation answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds		<b>b)</b> Funds and o	thoracco	ıntc
1	Total number a	t and of year	(a) Donor advised funds	'	<b>b)</b> Fullus allu 0	ther accor	1111.5
2		tributions to (during year)					
3		nts from (during year)					
4	33 3 3	le at end of year					
5	_		sors in writing that the assets held in d organization's exclusive legal control?	onor advi	sed	☐ Yes	√ No
6	used only for c	- , , , ,	donor advisors in writing that grant fun efit of the donor or donor advisor, or for	•		☐ Yes	√ No
Pa	rt III Conse	rvation Easements. Complete	if the organization answered "Yes	" to Forn	n 990, Part IV	', lıne 7.	
2	Protection Preservati Complete lines	ion of land for public use (e g , recreati i of natural habitat ion of open space s 2a–2d if the organization held a quali he last day of the tax year	on or pleasure) Preservation of Preservation of Street Conservation contribution in the fo	a certifie	d historic struc	ture	
					Held at the	End of the	Year
а		of conservation easements		2a			
b	_	restricted by conservation easements		2b			
с		servation easements on a certified his	. ,	2c			
d		servation easements included in (c) ac	•	2d			
3		servation easements modified, transfe ar 🛌	rred, released, extinguished, or termina	ated by th	ie organization	during	
4	Number of stat	es where property subject to conserva	ation easement is located ►				
5	_	nization have a written policy regarding f the conservation easements it holds?	g the periodic monitoring, inspection, ha	andling of	violations, and	┌ Yes	√ No
6	Staff and volun	iteer hours devoted to monitoring, insp	pecting and enforcing conservation eas	ements d	uring the year 🖡	·	
7	A mount of exp	enses incurred in monitoring, inspectii	ng, and enforcing conservation easeme	nts during	g the year 🟲 💲 _		
8		servation easement reported on line 2 ) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of s	ection		┌ Yes	√ No
9	balance sheet,		onservation easements in its revenue a he footnote to the organization's financ nents				
Pai	tIII Organ	izations Maintaining Collectio	ns of Art, Historical Treasures 'Yes" to Form 990, Part IV, line 8.	s, or Otl	her Similar <i>i</i>	Assets.	
1a	art, historical t	reasures, or other similar assets held	116, not to report in its revenue state for public exhibition, education or rese ancial statements that describes these	arch ın fu			e,
b	historical treas	·	116, to report in its revenue statemen public exhibition, education, or researc s			•	
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			<b>▶</b> \$		
	(ii) Assets inc	luded in Form 990, Part X			<b>►</b> \$	1	33,000
2	If the organiza	•	orical treasures, or other similar assets S 116 relating to these items	for finan			
а	Revenues inclu	uded in Form 990, Part VIII, line 1			<b>▶</b> \$	4,0	00,000
	following amou	nts required to be reported under SFA					0,00

**b** Assets included in Form 990, Part X

4,000,000

Par	t IIII Organizations Maintaining Co	llections of Art,	His	torica	l Treas	ures, or (	Othe	r Similar As	sets (ca	ontinued)
3	Using the organization's accession and other items (check all that apply)	r records, check any	of th	ie follow	ıng that a	ire a signific	ant u	se of its collect	ion	
а	▼ Public exhibition		d	L L	oan or ex	change prog	rams			
ь	✓ Scholarly research		e	Г о	ther					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	ollections and explain	ı hov	v they fu	ırther the	organizatio	n's ex	kempt purpose i	n	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								_ Yes	<b>▽</b> No
Par	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					n answere	ed "Y	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	liary	for cont	tributions	or other as	sets	not J	_ Yes	√ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the fo	ollow	ıng table	e	ı		<u> </u>		
								Am	ount	
С.	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					ı	Yes	✓ No
	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete							t IV, line 10. (d)Three Years		
		(a)Current Year	(b	Prior Yea	ar (c	Two Years Ba	ck	Back	(e)Four Y	'ears Back
1a	Beginning of year balance	206,281,696		197,04	8,101	195,438,	442			
b	Contributions	7,226,002			7,827	7,960,				
c	Investment earnings or losses	-6,584,816		12,95	6,803	2,619,	401			
d	Grants or scholarships									
е	Other expenditures for facilities and programs	5,291,135		6,42	1,035	8,851,				
f	Administrative expenses					118,				
g	End of year balance	201,631,747		206,28	1,696	197,048,	101			
2	Provide the estimated percentage of the yea	r end balance held as	5							
а	Board designated or quasi-endowment 🕨	4 000 %								
b	Permanent endowment 🕨 96 000 %									
c	Term endowment ▶									
3a	Are there endowment funds not in the posses	ssion of the organizat	tion t	that are	held and	administer	d for	the		
	organization by								Yes	No
	(i) unrelated organizations							3a(		No
h	(ii) related organizations						•	3a(1		No
4	Describe in Part XIV the intended uses of th	•					•		<u> </u>	1110
Pai	rt VI Investments—Land, Buildings					Part X, line	10.			
	Description of investment			(a) Cos	st or other ovestment)	(b)Cost or o	ther	(c) Accumulated depreciation	( <b>d</b> ) Bo	ok value
1a	Land					56	5,439			565,439
	Buildings		ı			337,86	•	86,559,157	25	1,304,594
	Leasehold improvements					11,50	=	,,		, ,
	Equipment					20,17	9,984	16,321,819		3,858,165
	Other		1			· ·	7,466		<b>†</b>	5,816,663

261,544,861

(a) Description of security or category (including name of security)	(b)Book value	(c) Metho	d of valuation
(1)Financial derivatives		Cost of end-of	-year market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation
		Cost or end-of	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip	tion		(b) Book value
(1) BENEFICIAL INT IN BARD ENDOWMNT TRST			126,688,255
(2) DEFERRED FINANCING COSTS			7,473,663
(3) BENEFICIAL INT IN PERPETUAL TRUST			6,814,800
(4) OTHER ASSETS			4,217,062
(5) DEPOSITS WITH BOND TRUSTEES			4,178,523
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 1.			149,372,303
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
REFUNDABLE US GOVT STUD LOANS	1,662,418		
		i e e e e e e e e e e e e e e e e e e e	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	1,662,418		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	278,115,92
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	201,919,04
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	76,196,87
4	Net unrealized gains (losses) on investments	4	-20,593,17
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-20,593,17
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	55,603,70
-	XII Reconciliation of Revenue per Audited Financial Statements With Revenue		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	257,655,67
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
ь	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV)	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	-20,460,25
3	Subtract line <b>2e</b> from line <b>1</b>	3	278,115,92
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	278,115,92
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Re	turn
1	Total expenses and losses per audited financial	1	202,051,96
2	statements	-	
2	Donated services and use of facilities		
a b	Prior year adjustments	1	
6	Other losses	1	
d	Other (Describe in Part XIV)	1	
e	Add lines <b>2a</b> through <b>2d</b>	-   2e	132,92
3	Subtract line 2e from line 1	3	201,919,04
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		201,919,04
a	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
a b	Other (Describe in Part XIV) 4b	- I	
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	201,919,04
	t XIV Supplemental Information	<del>-  </del>	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
COLLECTIONS AND RELATION TO EXEMPT PURPOSE	SCHEDULE D, PAGE 2, PART III, LINE 4	THE AVAILABILITY OF THE COLLECTIONS ALLOWS THE COLLEGE TO INCREASE ITS EFFECTIVENESS AND OFFERINGS IN THE INSTRUCTION OF ART HISTORY, AS WELL AS GENERAL LIBERAL ARTS STUDIES THE COLLECTIONS OF ARTWORK WERE DONATED TO THE COLLEGE
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	IN 1996, THE COLLEGE RECEIVED AN INITIAL GIFT FROM A DONOR THAT ESTABLISHED THE "BARD ENDOWMENT" WITH THE IRIS FOUNDATION THE INITIAL AND SUBSEQUENT GIFTS WERE IN THE FORM OF SHARES IN A PRIVATELY OWNED HEDGE FUND, AND ARE HELD BY THE IRIS FOUNDATION FOR SOLE BENEFIT OF THE COLLEGE TO BE USED FOR ITS GRADUATE PROGRAM IN THE DECORATIVE ARTS (BGC) SINCE THE INITIAL GIFT IN 1996, THERE HAVE BEEN SEVERAL AGREEMENTS IN PLACE UNDER WHICH THE BARD ENDOWMENT HAS BEEN GOVERNED, THE LATEST OF WHICH IS DATED OCTOBER 6, 2004 UNDER THE AFOREMENTIONED AGREEMENT, THE IRIS FOUNDATION MUST HOLD THE ASSETS AND RELATED INCOME AND APPRECIATION IN A SEPERATE ENDOWMENT FUND FOR THE BENEFIT OF THE BGC THE TRUSTEES OF THE IRIS FOUNDATION RETAIN SOLE DISCRETION TO DETERMINE THE INVESTMENT FUNDS OF THE ENDOWMENT AT ALL TIMES THE COLLEGE HAS THE RIGHT TO REQUEST ANY PART OR ALL OF THE BARD ENDOWMENT SUBSEQUENT TO STATED CONDITIONS IN THE AGREEMENT THE COLLEGE USES ITS OTHER ENDOWMENT FUNDS TO SUPPORT SCHOLARSHIPS, FACULTY SALARIES, AND OTHER PROGRAMS IN WHICH THE ENDOWMENTS HAVE SPECIFIED IN MAKING A DETERMINATION TO APPROPRIATE OR ACCUMULATE ENDOWMENT FUNDS, THE COLLEGE ACTS IN GOOD FAITH, WITH THE CARE THAT AN ORDINARY PRUDENT PERSON IN A LIKE POSITION WOULD EXERCISE UNDER SIMILAR CIRCUMSTANCES
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	FUNDRAISING EVENT EXPENSES 132,927 FUNDRAISING EVENT EXPENSES -132,927
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	FUNDRAISING EVENT EXPENSES 132,927
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	FUNDRAISING EVENT EXPENSES 132,927

**Employer identification number** 

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schools**

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ. OMB No 1545-0047

2010

Open to Public Inspection

BARD COLLEGE 14-1713034 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II 7 Yes

#### Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
FINANCIAL AID OR GOVERNMENT ASSISTANCE EXPLANATION	SCHEDULE E LINE 6	FINANCIAL AID OR ASSISTANCE FROM GOVERNMENT AGENCIES WERE USED TO PROVIDE ASSISTANCE TO STUDENTS ATTENDING THE COLLEGE IN PAYMENT OF TUITION AND FEES

Schedule E (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493086007262

OMB No 1545-0047

Open to Public **Inspection** 

#### **SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

**Statement of Activities Outside the United States** 

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

to Part I

c Totals (add lines 3a and 3b)

**Employer identification number** 

ARD COLLEGE					
W COLLEGE				14-1713034	
Part I General Informatio "Yes" to Form 990, Pa			he United States. C	omplete if the organiz	ation answered
For grantmakers. Does the assistance, the grantees' eligible the grants or assistance?	organization n	naıntaın record grants or assıs	stance, and the select	ion criteria used to awa	
Progrant makers. Describe in Pa United States					·
Activites per Region (Use Part	V ıf addıtıonal s	pace is needed	)		
<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	region (by type) (e g ,	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
RUSSIA		3	PROGRAM SERVICES	ACADEMIC SUPPORT	370,776
PALESTINE			PROGRAM SERVICES	ACADEMIC SUPPORT	116,650
3a Sub-total		3			487,426
<b>b</b> Total from continuation sheets		1			

487,426

Pa	Part IV,	line 15, for any	sistance to Orga recipient who re- space is needed.	anizations or Entitions or Entitions or Entitions \$5,	es Outside the Un 000. Check this box	ited States. Composite of the composite	plete if the organiza received more thai	tion answered "Yes n \$5,000	" to Form 990, ► 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			RUSSIA	SUPPORT	370,776	WIRE TRANSFER			
				_					
	-								
				_					
2	Enter total nu tax-exempt b	mber of recipie y the IRS, or fo	ent organizations l or which the grant	isted above that are ree or counsel has pro	ecognized as charit ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . •	1
3	Enter total nu	mber of other o	organizations or e	ntities					F /Form 990\ 2010

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete	ıf the organızatıon a	nswered "Yes" to Form 9	990, Part IV, line 16.
	Use Part V if ad	ditional space is ne-	eded.					

(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>.                                    </u>		!		
			<u>.                                    </u>			1	
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
					!		
			1		,		

#### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	Γ	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	Γ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Γ	Yes	Г	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	Г	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES	SCHEDULE F, PAGE 1, PART I, LINE 2	RUSSIA - BARD COLLEGE RECEIVES REQUESTS FOR FUNDS FROM SMOLNY COLLEGE WITH SPECIFIC LINE ITEM AMOUNTS FOR EACH EXPENDITURE. THAT REQUEST IS THEN REVIEWED AND APPROVED BY THE DIRECTOR OF THE INSTITUTE OF INTERNATIONAL LIBERAL EDUCATION OF BARD COLLEGE AND THE CONTROLLER TWICE PER YEAR AN INTERNATIONAL BOARD OF OVERSEERS MEET TO REVIEW AMONG OTHER THINGS, A FINANCIAL REPORT FROM SMOLNY COLLEGE SMOLNY COLLEGE IS A PART OF ST PETERSBURG UNIVERSITY, WHICH IS A PART OF THE STATE UNIVERSITY SYSTEM IN RUSSIA PALESTINE - BARD COLLEGE RECEIVES REQUESTS FOR FUNDS FROM THE AL QUDS BARD MANAGER OF FINANCE AND ADMINISTRATION EACH SEMESTER. THE REQUESTS INCLUDES ITEMIZED BREAKDOWN OF EXPENSES AND ACCEPTABLE SUPPORTING DOCUMENTATION (I.E. CHECK STUBS AND EXPENSE RECEIPTS). BARD COLLEGE'S AL QUDS PROGRAM MANAGER (HOUSED ON THE BARD U.S. CAMPUS) REVIEWS AND APPROVES THE REQUESTS.

Schedule F (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493086007262

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	
BARD COLLEGE	

Employer identification number

14-1713034

Part I	Fundraising	Activities.	Complete if	the organization	answered "Yes"	to Form 990,	, Part IV, l	ine 17.

- 1 Indicate whether the organization raised funds through any of the following activities Check all that apply
- a Mail solicitations
- e 🔽 Solicitation of non-government grants
- **b** 🔽 Internet and e-mail solicitations
- F Solicitation of government grants

Phone solicitations

g F Special fundraising events

- ∄ 🔽 In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

ᅜ	Yes	Г
١~	Yes	- 1

No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	(iii) Dıd fundraıser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No				
COMMUNITY COUNSELING PO BOX 27462	CONSULTING		No		39,000	- 39,000	
NEW YORK, NY 100877462							
Total			•		39,000	- 39,000	

<sup>3</sup> List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

NY, MA

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form				
			(a) Event #1  CCS GALA (event type)	(b) Event #2  BARD MUSIC FEST (event type)	(c) O ther Events  1 (total number)	(d) Total Events (Add col (a) through col (c))
Ð	1	Gross receipts	237,570	149,400	40,175	427,145
Revenue	2	Less Charitable contributions	162,700	132,219	28,524	323,443
<u></u>	3	Gross income (line 1 minus line 2)	74,870	17,181	11,651	103,702
	4	Cash prizes				
မှာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
ă	7	Food and beverages				
Direct Direct	8	Entertainment				
δ	9	Other direct expenses .	72,566	34,151	26,210	132,927
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	132,927
	11	Net income summary Combine li	nes 3 and 10 ın column (	d)	•	-29,225
Par	t III	<b>Gaming.</b> Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	( <b>b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
		Gross revenue				
Expenses		Cash prizes				
ž Š	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	∀es %     No	┌ Yes % ┌ No	┌ Yes % No	_
	7	Direct expense summary Add line	s 2 through 5 in column (	d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> </u>	
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain	gaming activities in eac			· Fyes FNo
10a b		re any of the organization's gaming Yes," Explain			the tax year?	Yes   No

11	Does the organization operate ga	aming activities with nonmembers?		$\Gamma_{\text{Yes}}$ $\Gamma_{\text{No}}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity	
	formed to administer charitable (	jaming?		Г <sub>Yes</sub> Г <sub>No</sub>
13	Indicate the percentage of gamin	ng activity operated in		
а	The organization's facility			1
b	An outside facility		13b	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a		ntract with a third party from whom th		
ь		ning revenue received by the organizated by the third party 🟲 \$	ation <b>&gt;</b> \$ and the	
c	If "Yes," enter name and address	5		
	Name 🟲			
	Address 🟲			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation l	<b>\$</b>		
	Description of services provided	<b>&gt;</b>		
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distrib		
p.				· Fyes Fno
D		required under state law distributed activities during the tax year > \$	to other exempt organizations or spent	
Par			r responses to question on Schedule	e G (see
	Identifier	ReturnReference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

DLN: 93493086007262 OMB No 1545-0047

**Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury Attach to Form 990 **Inspection** Internal Revenue Service Name of the organization Employer identification number BARD COLLEGE 14-1713034 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be (c) IRC Code section (e) A mount of non-(f) Method of 1 (a) Name and address of (b) EIN (d) A mount of cash (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance orassistance (book, FMV, appraisal or government assistance other) 13-1969375 501 300,000 SUPPORT (1) AMERICAN SYMPHONY ORCHESTRA 263 W 38TH STREET 10TH FLOOR NEW YORK, NY 10018 

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, F	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
				Titty, appraisal, other)	
(1) BARD UNDERGRADUATE	1336	32,358,498			
(2) BARD GRADUATE	294	3,827,151			
(3) SIMON'S ROCK UNDRGRADUATE	337	7,235,630			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
PROCEDURES FOR	SCHEDULE I, PAGE 1, PART I,	THE COLLEGE REVIEWS ALL OF AMERICAN SYMPHONY ORCHESTRA'S EXPENDITURES FOR WHICH IT'S GRANTS
MONITORING THE USE	LINE 2	ARE INTENDED ASSISTANCE FOR INDIVIDUAL STUDENTS IS PROVIDED THROUGH FEDERAL, STATE AND
OF GRANT FUNDS		COLLEGE PROGRAMS AND EXTERNAL AGENCIES THE COLLEGE ADMINISTERS THESE PROGRAMS TYPICALLY,
INSIDE THE UNITED		FINANCIAL AID FUNDS ADMINISTERED BY THE COLLEGE ARE AWARDED ON THE BASIS OF FINANCIAL NEED (AS
STATES		DETERMINED BY THE FEDERAL GOVERNMENT DEPARTMENT OF EDUCATION, STATE AGENCIES, THE COLLEGE
		SCHOLARSHIP SERVICES, AND BARD COLLEGE), ACADEMIC ACHIEVEMENT, AND PROMISE THE COLLEGE'S
		OFFICE OF FINANCIAL AID IS RESPONSIBLE FOR AWARDING AND MONITORING FEDERAL AND STATE FINANCIAL
		AID DISTRIBUTIONS STUDENTS APPLY FOR FINANCIAL AID BY COMPLETING A FAFSA FORM WHICH DETERMINES
		ELIGIBILITY STUDENT ELIGIBILITY IS PERIODICALLY MONITORED TO ENSURE THAT GRANT AWARDS ARE USED
		FOR THEIR INTENDED PURPOSE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493086007262

OMB No 1545-0047

**Compensation Information** 

**Schedule J** (Form 990)

Department of the Treasury

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

Open to Public Inspection

Internal Revenue Service	► Attach to Form 990. ► See separate instructions.	Inspection
Name of the organization BARD COLLEGE		Employer identification number
Part I Questions Rega	arding Compensation	1

				Yes	Νo	
1a	Check the appropriate box(es) if the organization provided any of the					
	990, Part VII, Section A, line 1a Complete Part III to provide an	·				
	<u> </u>	ing allowance or residence for personal use				
		ents for business use of personal residence				
		h or social club dues or initiation fees				
	□ Discretionary spending account □ Perso	nal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the organization foll- reimbursement orprovision of all the expenses described above? I		1b	Yes		
2	Did the organization require substantiation prior to reimbursing or officers, directors, trustees, and the CEO/Executive Director, rega	- · · · · · · · · · · · · · · · · · · ·	2	Yes		
3	Indicate which, if any, of the following the organization uses to est organization's CEO/Executive Director Check all that apply					
		en employment contract				
		ensation survey or study				
	Form 990 of other organizations	oval by the board or compensation committee				
4	During the year, did any person listed in Form 990, Part VII, Sect or a related organization	on A, line 1a with respect to the filing organization				
а	a Receive a severance payment or change-of-control payment from the organization or a related organization?					
ь	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
С	c Participate in, or receive payment from, an equity-based compensation arrangement?					
	If "Yes" to any of lines 4a-c, list the persons and provide the appl	icable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only must complete li	nes 5-9.				
5	For persons listed in form 990, Part VII, Section A, line 1a, did the compensation contingent on the revenues of	e organization pay or accrue any				
а	The organization?		5a		Νo	
b	Any related organization?		5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line 1a, did the compensation contingent on the net earnings of	e organization pay or accrue any				
а	The organization?		6a		Νo	
b	Any related organization?		6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the payments not described in lines 5 and 6? If "Yes," describe in Part		7		Νο	
8	Were any amounts reported in Form 990, Part VII, paid or accured subject to the initial contract exception described in Regs section in Part III	•	8		No	
9	If "Yes" to line 8, did the organization also follow the rebuttable prsection 53 $4958-6(c)$ ?	esumption procedure described in Regulations	9			

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-	MISC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) LEON BOTSTEIN	(ı) (ıı)	404,296			79,893	26,176	510,365	334,740
(2) DIMITRI PAPADIMITRIOU	(ı) (ıı)	290,000			80,625	18,610	389,235	275,592
(3) JAMES BRUDVIG	(ı) (ıı)	192,187			19,359	10,093	221,639	182,198
(4) MARY MARCY	(ı) (ıı)	178,954			17,895	15,795	212,644	170,407
(5) MICHELE DOMINY	(ı) (ıı)	173,142			17,641	16,542	207,325	171,739
(6) DEBRA PEMSTEIN	(ı) (ıı)	169,908			18,024	22,536	210,468	168,663
(7) THOMAS ECCLES	(ı) (ıı)	205,522			21,166	21,173	247,861	194,355
(8) PETER MILLER	(ı) (ıı)	168,460			16,646	9,660	194,766	164,000
(9) JACOB NEUSNER	(ı) (ıı)	165,722			21,088	16,296	203,106	164,537
(10) STEPHEN SHORE	(ı) (ıı)	161,113			20,322	24,327	205,762	159,287
(11) A URTHOR GIBBONS	(ı) (ıı)	147,012			11,388	22,584	180,984	
( 12 )								
(13)								
( 14 )								
( 15 )								
( 16 )								

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
	PAGE 1, PART I, LINE 1A	THE PRESIDENT AND EXECUTIVE VICE PRESIDENT OF THE COLLEGE ARE PROVIDED HOUSING AND MAID SERVICE VALUED AT 49,000 AND 43,000 RESPECTIVELY THE VICE PRESIDENT OF ACADEMIC AFFAIRS IS ALSO PROVIDED HOUSING AND MAID SERVICES VALUED AT 18,500 HOUSING IS PROVIDED TO THE PRESIDENT, EXECUTIVE VICE PRESIDENT AND VICE PRESIDENT OF ACADEMIC AFFAIRS TO HOST AND HOLD CAMPUS EVENTS THE CUSTODIAL SERVICE IS PROVIDED TO MAINTAIN THE HOUSING THESE AMOUNTS ARE NOT INCLUDED AS TAXABLE COMPENSATION

Schedule J (Form 990) 2010

Schedule K

**Supplemental Information on Tax Exempt Bonds** 

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493086007262

Open to Public **Inspection** 

Internal Revenue Service Name of the organization BARD COLLEGE

Department of the Treasury

(Form 990)

Employer identification number

14-1713034

P	art I Bond Issues									I						
_	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pric	e	<b>(f)</b> Des	scription	of Purpose	(g) Defeased		<b>(h)</b> O n Behalf of Issuer			Pool incing	
										Yes	No	Yes	No	Yes	No	
A	DUCHESS CO INDUSTRIAL DEVELOPMENT	14-1613685	267041GD7	05-11-2007	138,397,2	45 FI	NANCE	CONST	RUCTION		Х		х		х	
В	MA DEVELOPMENT FINC AGENCY	04-3431814	57583RMK8	05-11-2007	3,952,8	17 FI	FINANCE CONSTRUCTION			х		Х		х		
D:	art II Proceeds													<u> </u>		
	FIOCECUS				А			В	3	С			Т	D		
1	A mount of bonds retired				1	,420,0	000		45,000							
2	A mount of bonds legally defea	sed												-		
3	Total proceeds of issue				138	,397,2	245		3,952,817							
4	Gross proceeds in reserve fun	ıds			3	,997,2	225		117,110							
5	Capitalized interest from proce	eeds														
6	Proceeds in refunding escrow															
7	Issuance costs from proceeds	5			2	,549,1	176		54,313							
8	Credit enhancement from proc	eeds														
9	Working capital expenditures t	from proceeds														
10	Capital expenditures from pro	ceeds			38	,107,0	060		3,781,394							
11	Other spent proceeds				93	,743,7	784									
12	Other unspent proceeds															
13	Year of substantial completion	n			2009	)	2007									
					Yes	No		Yes	No	Yes		No	Yes	,	No	
14	4 Were the bonds issued as part of a current refunding issue?				х			Х					<u> </u>			
15	Were the bonds issued as part of an advance refunding issue?			x				Х								
16	6 Has the final allocation of proceeds been made?			X			х									
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?			х			х									
Pa	rt IIII Private Business U	Jse														
					Yes	No	+	Yes B	No	Yes	<u> </u>	No	Yes	<u>D</u>	No	
i					Yes	NO	$\longrightarrow$	res	NO	res	_	NO	res		NO	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Χ

Part III Private Business Use (Continued)

	Filvate business use (continued)		4		В	С			D
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		х		×				
b	Are there any research agreements that may result in private business use of bond-financed property?		Х		×				
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	Х		x					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х		х					

		A		В		С		D		
		Yes	No	Yes	No	Yes	No	Yes	No	
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and									
	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?									
	20.12 100 00		X		X					
_	To the hand are a complete make are a 2									
2	Is the bond issue a variable rate issue?		X		Х					
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?									
	into a neage with respect to the bond issue.		X		X					
			Λ		^					
ь	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									
Ū	•									
_	Ware areas areas de invested in a CIC2									
4a	Were gross proceeds invested in a GIC?	X		X						
b	Name of provider	CITIGROUP		CITIGROUP						
С	Term of GIC		35 0		35 0					
d	Was the regulatory safe harbor for establishing the fair market									
	value of the GIC satisfied?	X		X						
 5	Were any gross proceeds invested beyond an available temporary									
•	period?		Χ		×					
6	Did the bond issue qualify for an exception to rebate?	x		X						
		1 "		1 ''			I	1		

#### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

<b>Ident if ier</b>	Return Reference	Explanat ion

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493086007262

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions with Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. 2010

Open to Public Inspection

Name of BARD COL	t <b>he organization</b> LEGE							E	mployer i	dent if ica	ition numb	er	
									4-17130				
Part I	Excess Benefit Train Complete of the organization	ısacti	i <b>ons</b> (s	section 501	(c)(3) a	and section 501	(c)(4)	organı or Form	zations (	only). Part V I	ına 40b		
					990, F					rait V, i		orrected?	
1	(a) Name of disq	ualified	person			<b>(b)</b> Desc	ription	of trans	action		Yes	No	
	er the amount of tax impos		_		_				ear unde	r 			
	tion 4958 er the amount of tax, if any									·			
<b>3</b> EIII	er the amount of tax, if any	, 011 1111	e 2, abo	ve, remiburs	ed by th	e organization .			•	* <u> </u>			
Part II													
	Complete if the organiz			d "Yes" on F T	orm 990	), Part IV, line 26	, or For	m 990-E	Z, Part V (f)	, line 38	<u>a</u>		
(-) N	e of interested person and		oan to om the	(-)0 ===			(e)	[ n	Approv	/ed	(g)Writ	ten	
(a) Nam	purpose	1	zation?	(c)Orig		(d)Balance due	defau	lt?	by boar		agreement?		
		To	From	1			Yes	No			Yes	No	
Total .		<del></del>			<b>▶</b> \$	1				<u> </u>			
Part III						Persons.							
	Complete if the orga	nızatı						27.					
(	a) Name of interested pers	on	(			een interested pei ganization	rson	<b>(c)</b> A m	nount of g	rant or ty	pe of assi	stance	
				411	14 1116 011	gamzation							

#### **Part IV** Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	arıng of zatıon's nues?
	organization			Yes	No
(1) OURANIA ANTONOPOULOS- PAPADIMITRIOU	SPOUCE EXEC VP	80,178	EMPLOYEE COMPENSATN		Νο
(2) KATHERINE GOULD-MARTIN	SPOUCE VP ACAD	37,566	EMPLOYEE COMPENSATN		Νο
(3) MARTIN SOSNOFF	TRUSTEE		INVESTMENTS		Νο

#### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Ret urn Reference	Explanation
ADDITIONAL INFORMATION		MARTIN SOSNOFF PROVIDES INVESTMENT MANAGEMENT SERVICES FREE OF CHARGE TO BARD COLLEGE

Schedule L (Form 990 or 990-EZ) 2010

DLN: 93493086007262

OMB No 1545-0047

Inspection

Open to Public

(Form 990)

Department of the Treasury

Internal Revenue Service

**SCHEDULE M** 

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization BARD COLLEGE

**Employer identification number** 

					14-1713034			
Pa	rt I Types of Property							
		(a) Check if applicable	<b>(b)</b> Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining of amounts		ontribut	ion
1	Art—Works of art	Х	2	_	FAIR MARKET VAL	UE		
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
good	is							
6	Cars and other vehicles .							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded	Х	28	3,375,201	FAIR MARKET VAL	UE		
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution—Historic							
	structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
	Food inventory							
	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts .							
	O ther ▶ ()							
26	O ther ▶()							
27	O ther ▶()							
	O ther ▶ ()							
29	Number of Forms 8283 received by for which the organization complete				29			
					4 20 11 1 :		Yes	No
30a	During the year, did the organization							
	must hold for at least three years f			on, and which is not require	d to be used			
	for exempt purposes for the entire	holding p	eriod?			30a	Yes	
b	If "Yes," describe the arrangement	: ın Part I	I					
31	Does the organization have a gift a					31	Yes	
32a	Does the organization hire or use t contributions?	hırd partı • • •	les or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
ь	If "Yes," describe in Part II							
33	If the organization did not report re describe in Part II	venuesı	n column (c) for a type of p	roperty for which column (a	) is checked,			

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Ret urn Reference	Explanation
CONTRIBUTIONS THAT MUST BE HELD FOR AT LEAST THREE YEARS	, , , , , , , , , , , , , , , , , , , ,	THE COLLEGE RECEIVED A DONATION OF WORKS OF ART THAT IT AGREED TO HOLD FOR 3 YEARS
THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS	LINE 32B	THE COLLEGE'S INVESTMENTS ARE MANAGED BY VARIOUS BROKERAGES AND GIFTS OF SECURITIES WOULD BE RECEIVED AND HELD OR SOLD BY ONE OF THESE BROKERS

Schedule M (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493086007262

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BARD COLLEGE

Tispectori

Employer identification number

14-1713034

ldentifier	Return Reference	Explanation
ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	IN ADDITION TO THE UNDERGRADUATE COLLEGE, BARD HAS UNDERTAKEN A NUMBER OF IMPORTANT EDUCATIONAL INITIATIVES THAT INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING DURING 1979, BARD ASSUMED CONTROL AND OWNERSHIP OF SIMON'S ROCK EARLY COLLEGE (NOW CALLED BARD COLLEGE AT SIMON'S ROCK) IN GREAT BARRINGTON, MA ALTHOUGH BARD AND SIMON'S ROCK REMAIN DISTINCT AND CARRY ON SEPARATE ACADEMIC PROGRAMS AT THEIR RESPECTIVE CAMPUSES, THE RELATIONSHIP BETWEEN THE TWO INSTITUTIONS GIVES BARD AN EXCEPTIONAL OPPORTUNITY TO APPLY ITS EXPERIENCE AS A LIBERAL ARTS COLLEGE TO THE DEVELOPMENT OF A STRONG CURRICULUM FOR YOUNGER STUDENTS IN MARCH 1986, BARD ESTABLISHED THE LEVY ECONOMICS INSTITUTE OF BARD COLLEGE, WHICH IS DEDICATED TO IMPROVING THE HUMAN CONDITION THROUGH THE STUDY OF ECONOMICS AND THE GENERATION OF EFFECTIVE PUBLIC POLICY RESPONSES TO IMPORTANT PROBLEMS WORLDWIDE DURING 1992, BARD ENTERED INTO AN OPERATING AGREEMENT WITH THE IRIS FOUNDATION TO ESTABLISH AND MAINTAIN THE BARD GRADUATE CENTER FOR STUDIES OF THE DECORATIVE ARTS, DESIGN, AND CULTURE (BGC) SINCE 1993, THE BCC HAS PRESENTED A UNIQUE, MULTIDISCIPLIARY, AND BROADLY INTERNATIONAL APPROACH TO THE STUDY OF THE DECORATIVE ARTS HE BGC OFFERS A MASTER OF ARTS DEGREE IN THE HISTORY OF THE DECORATIVE ARTS AND A DOCTOR OF PHILOSOPHY DEGREE IN THE HISTORY OF THE DECORATIVE ARTS AND A DOCTOR OF PHILOSOPHY DEGREE IN THE HISTORY OF THE DECORATIVE ARTS AND A DOCTOR OF PHILOSOPHY DEGREE IN THE HISTORY OF THE DECORATIVE ARTS AND A DOCTOR OF PHILOSOPHY DEGREE IN THE HISTORY OF THE DECORATIVE ARTS AND A DOCTOR OF PHILOSOPHY DEGREE IN THE HISTORY OF THE DECORATIVE ARTS AND A DOCTOR OF PHILOSOPHY DEGREE IN THE HISTORY OF THE DECORATIVE ARTS AND A DOCTOR OF PHILOSOPHY DEGREE IN THE HISTORY OF THE DECORATIVE ARTS AND A DOCTOR OF PHILOSOPHY DEGREE IN THE HISTORY OF THE DECORATIVE ARTS AND A DOCTOR OF PHILOSOPHY DEGREE IN THE HISTORY OF THE DECORATIVE ARTS AND A DOCTOR OF PHILOSOPHY DEGREE IN THE HISTORY OF THE DECORATIVE ARTS OF A BUBIC FOR THE PROPERSIONS. AND CALLECTERS AND IN BARD

ldentifier	Return Reference	Explanation
FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES	FORM 990, PART V, LINE 4B	RUSSIA

ldentifier	Return Reference	Explanation
	· ·	PRIOR TO FILING, A DRAFT OF THE 990 IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE THE AUDIT COMMITTEE THEN REPORTS TO THE FULL BOARD THAT THEY HAVE APPROVED THE 990 FOR FILING A COPY OF THE FINAL 990 IS PROVIDED TO THE BOARD

ldentifier	Return Reference	Explanation							
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	THE BOARD OF TRUSTEES, OFFICERS, AND KEY EMPLOYEES ARE REQUIRED TO REVIEW ANNUALLY AN UPDATED CONFLICT OF INTEREST POLICY AND DISCLOSURE, WITH A SIGNATURE PAGE THAT IS REQUIRED TO BE SIGNED AND RETURNED TO THE ORGANIZATION AND KEPT ON FILE APPROPRIATE ACTIONS ARE TAKEN IF NECESSARY							

ldentifier	Return Reference	Explanation
	FORM 990, PAGE 6, PART VI, LINE 15A	THE PRESIDENT'S COMPENSATION IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES COMPENSATION IS DETERMINED ON THE BASIS OF PERFORMANCE EVALUATION, SENIORITY, AND COMPENSATION COMPARISONS WITH OTHER COLLEGES THE PRESIDENT'S COMPENSATION PACKAGE IS REPORTED TO THE BOARD BY THE COMPENSATION COMMITTEE AT A REGULAR BOARD MEETING

ldentifier	Return Reference	Explanation					
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE VICE PRESIDENT'S COMPENSATION IS DETERMINED BY THE PRESIDENT ON THE BASIS OF PERFORMANCE EVALUATION, SENIORITY, AND COMPENSATION COMPARISONS AT OTHER COLLEGES AND POLICY INSTITUTES OTHER OFFICER AND KEY EMPLOYEE COMPENSATION IS DETERMINED BY THE PRESIDENT AND/OR EXECUTIVE VICE PRESIDENT ON THE BASIS OF PERFORMANCE EVALUATIONS, SENIORITY, AND COMPENSATION COMPARISONS AT OTHER COLLEGES AVAILABLE FROM THE COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES (CUPA)					

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS OF BARD COLLEGE ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST IN ADDITION, THE COLLEGE'S FORM 990 IS AVAILABLE AT WWW GUIDESTAR ORG

ldentifier	Return Reference	Explanation							
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	THE COLLEGE RECORDED UNREALIZED LOSS FROM BENEFICIAL INTEREST IN BARD ENDOWMENT TRUST OF 20,597,368 AND UNREALIZED GAIN FROM INVESTMENTS OF 4,191							

# Software ID: Software Version:

**EIN:** 14-1713034

Name: BARD COLLEGE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors  (A) (B) (C) (D) (E) (F)										
(B) Average hours	tıon (	che		II		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other		
per week	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
60 00	Х		х				404,296	0	106,069	
1 00	Х						0	0	0	
1 00	×						0	0	0	
1 00	X						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х		х				0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
1 00	Х						0	0	0	
	(B) Average hours per week  60 00 1 00 1 00 1 00 1 00 1 00 1 00 1	(B)         Average hours per week         Post of the per week           60 00         X           1 00         X      <	(B) A verage hours per week  60 00	(B) A verage hours per week	C	C	C	C	C	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours		(( tion ( hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
ROLAND JAUGUSTINE TRUSTEE	1 00	Х						0	0	0
ELIZABETH ELY SECRETARY	1 00	X		x				0	0	0
EMILY H FISHER VICE CHAIR	1 00	Х		х				0	0	0
DAVID E SCHWAB II CHAIR EMERIT	1 00	Х		х				0	0	0
CHARLES P STEVENSON JR CHAIR	1 00	Х		х				0	0	0
DIMITRI PAPADIMITRIOU EXEC VP/PRES	60 00			х				290,000	0	99,235
JAMES BRUDVIG VP ADMINISTR	40 00			х				192,187	0	29,452
MARY MARCY VP & DEAN	40 00				х			178,954	0	33,690
MICHELE DOMINY VP & DEAN OF	40 00				х			173,142	0	34,183
DEBRA PEMSTEIN VP OF DEVELO	40 00				х			169,908	0	40,560
THOMAS ECCLES EXEC DIRECTO	40 00					х		205,522	0	42,339
PETER MILLER FACULTY	40 00					х		168,460	0	26,306
JA COB NEUSNER FA CULTY	40 00					х		165,722	0	37,384
STEPHEN SHORE FACULTY	40 00					х		161,113	0	44,649
AURTHOR GIBBONS FACULTY	40 00					х		147,012	0	33,972